

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>005043</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/16/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>ST JOSEPH HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 BROADWAY</b> <b>FORT WAYNE, IN 46802</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>The visit was for investigation of a State hospital complaint.</p> <p>Complaint Number: IN 00156638</p> <p>Unsubstantiated: lack of sufficient evidence. Deficiency cited unrelated to the allegations</p> <p>Date: 10-15/16-14</p> <p>Facility Number: 005043</p> <p>Surveyor: Brian Montgomery, RN, BSN Public Health Nurse Surveyor</p> <p>QA: cloughlin 10/27/14</p>	S 000		
S 912	<p>410 IAC 15-1.5-6 NURSING SERVICE</p> <p>410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v)</p> <p>(a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a registered nurse. The service shall have the following:</p> <p>(2) A nurse executive who is:</p> <p>(B) responsible for the following:</p> <p>(i) The operation of the services, including, but not limited to, determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital.</p> <p>(ii) Maintaining a current nursing</p>	S 912		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 912	<p>Continued From page 1</p> <p>service organization chart.</p> <p>(iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions.</p> <p>(iv) Ensuring that all nursing personnel meet annual in-service requirements as established by hospital and medical staff policy and procedure, and federal and state requirements.</p> <p>(v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital.</p> <p>This RULE is not met as evidenced by: Based upon document review and interview, the nurse executive failed to ensure that the standards of care were maintained and the policy/procedures for providing notice of patient rights to a patient or a patient representative were followed for 1 of 7 (patient 27) medical records (MR) reviewed.</p> <p>Findings:</p> <p>1. The policy/procedure Patient Rights and Responsibilities (revised 2-11) indicated the following: "The patient shall also receive at the time of admission information regarding the Patient's Rights and Responsibilities Policy ... "</p> <p>2. The policy/procedure Nursing Admission Procedures (revised 4-12) indicated the following: "The patient is given a copy of Patient Rights, and the patient's understanding of this documentation is verified and documented in the patient's chart."</p>	S 912		

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S 912	Continued From page 2  3. The MR for patient 27 failed to indicate documentation that the patient or the patient's representative was provided with a copy of the notice of Patient Rights around the time of admission on 7-06-14 at 0930 hours.  4. During an interview on 10-16-14 at 1320 hours, the quality manager A3 confirmed that the MR for patient 27 lacked documentation indicating that notice of Patient Rights was provided to the patient or the patient's representative at the time of admission to the facility.	S 912		